



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |                |  |                 |
|--|----------------|--|-----------------|
| PRODUCER<br>Hays Companies of Wisconsin, Inc.<br><br>1200 North Mayfair Road, Suite 100<br><br>Milwaukee, WI 53226 | 1-414-443-0000 | CONTACT NAME:<br>PHONE (A/C, No. Ext):<br>FAX (A/C, No):<br>E-MAIL ADDRESS:<br><br>INSURER(S) AFFORDING COVERAGE<br>INSURER A: NATIONAL FIRE & MARINE INS CO<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | NAIC #<br>20079 |
| INSURED<br>HBT of Winters Highlands LLC<br><br>11060 White Rock Road<br>Suite 150<br>Rancho Cordova, CA 95670      |                |  |                 |

**COVERAGES**

CERTIFICATE NUMBER: 55290817

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD                       | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---------------------------------|----------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X                               |          | 42-HBL-100809-01 | 03/01/17                | 03/01/19                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|          | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                 |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |                                 |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Winters Highlands Subdivision - Public Improvement and Maintenance Agreement - Sewer and Storm Drain Improvements, Dated 6/8/2017; Subdivision Improvement and Maintenance Agreement - On-Site Public Improvements, Phase 1 Dated 6/8/2017; Subdivision Improvement and Maintenance Agreement - On-Site Public Improvements, Phase 1A Dated 12/18/2018; City of Winters, its elective and appointive boards, commissions, officers, agents, consultants and employees are included as an Additional Insureds to the extent required by written contract. The General Liability policy is primary to and not in excess of or contributory with any other insurance available to City of Winters. Should the general liability policy be cancelled, other than for non-payment, before the expiration date thereof, 30 days advance notice

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| City of Winters<br>Attn: City Manager<br><br>318 First Street<br><br>Winters, CA 95694<br><br>USA | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br> |
|---|---|

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# **ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

|   |           |  |  |
|---|-----------|--|--|
| AGENCY<br>Hays Companies of Wisconsin, Inc. |           | NAMED INSURED<br>HBT of Winters Highlands LLC                  |  |
| POLICY NUMBER                               |           | 11060 White Rock Road<br>Suite 150<br>Rancho Cordova, CA 95670 |  |
| CARRIER                                     | NAIC CODE | EFFECTIVE DATE:  |  |

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

### **Policy Self Insured Retentions:**

\$100,000 Each Occurrence Bodily Injury  
 \$250,000 Each Occurrence Third Party Over Action  
 \$100,000 Each Offense Personal and Advertising Injury  
 \$100,000 Each Occurrence Property Damage, Premises and Ongoing Operations  
 \$500,000 Each Occurrence Property Damage, Completed Operations - Arizona  
 \$500,000 Each Occurrence Property Damage, Completed Operations - Hawaii  
 \$500,000 Each Occurrence Property Damage, Completed Operations - Central (Texas & Wisconsin)  
 \$750,000 Each Occurrence Property Damage, Completed Operations - Florida  
 \$750,000 Each Occurrence Property Damage, Completed Operations - California  
 \$1,500 Each Home or Common Element Property Damage, Completed Operations - Maintenance Self-Insured Retention

### **"Locations":**

Arizona  
 California  
 Florida  
 Hawaii  
 Central (Texas & Wisconsin)